MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12526

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Acampora
4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): child
8. DATE OF BIRTH: Dec 31-53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Acampora
14. MOTHER'S MAIDEN NAME: Ellen L. Lunsford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Thomas Wesley Lusford Leonardtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
762.5 Immediate cause	(a)	Asphyxia —	12
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Prematurity —	12
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Maternal Eclampsia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31, 1953, to 12-31, 1953, that I last saw the deceased alive on 12-31, 1953, and that death occurred at 11.00 A.M., from the causes and on the date stated above.
SIGNATURE Alan D Bard (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 4-54
NAME OF CEMETERY OR CREMATORY Arroyo Garden
LOCATION (City, town, or county) (State) San Luis Obispo Calif

DATE REC'D BY LOCAL REGISTRAR 1-1-54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley Leonardtown
ADDRESS Md

20V3252312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12527

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY St Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown — LENGTH OF STAY (in this place) 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY St Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) L. (Last) Acampora

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jan 29 29	24 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oklahoma City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harden Sunsford

14. MOTHER'S MAIDEN NAME: Fuey Jane Sunsford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Thomas Wesley Sunsford Leonardtown. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

685X

Immediate cause (a) Eclampsia — 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-31-53	caesarean section	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1951, to 12-31, 1953, that I last saw the deceased alive on 12-31, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Boyd MD — ADDRESS Leonardtown — DATE SIGNED 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 4-54	Arroyo Garden	San Luis Obispo Calif

DATE REC'D BY LOCAL REGISTRAR 1-1-54 — REGISTRAR'S SIGNATURE Alan D. Houser M.D.

24. FUNERAL DIRECTOR — ADDRESS Jos C. Mattingley Leonardtown, Md.

RECEIVED
JAN 7 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12528

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Francis (Last) Ashton

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 29, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 3 Days 13 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas W Ashton

14. MOTHER'S MAIDEN NAME: Mary L Shore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Thomas W Ashton Mechanicsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

491X
Immediate cause (a) Bronchial Pneumonia — 1 wk
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1953, to 12-12, 1953, that I last saw the deceased alive on 12/11, 1953, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) MD — ADDRESS Leonardtown — DATE SIGNED 12/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 12/13/53 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza (State) MD

DATE REC'D BY LOCAL REGISTRAR 12-14-53 | REGISTRAR'S SIGNATURE Clara M. Lewis | 24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

Buried Dec 13-1953

4083245406

VS. A15

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12529

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
LENGTH OF STAY (in this place) 1 month 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St George Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Dulcie (Last) Crowder
4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 15-1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 3 Days 30 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Wesley Chesser
14. MOTHER'S MAIDEN NAME: Elizabeth Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Kenneth Crowder St George Island Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
422.1 Immediate cause	(a)	Uremia	2 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerotic CV disease	5 yrs
260X	DUE TO (c)	/	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus c gangrene foe

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:40 P.M., from the causes and on the date stated above.
SIGNATURE J. Roy Luther (Degree or title) Md ADDRESS Mechanicsville Md DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 18-53
NAME OF CEMETERY OR CREMATORY M. E.
LOCATION (City, town, or county) St George Island (State) Md
DATE REC'D BY LOCAL REGISTRAR 12-18-53
REGISTRAR'S SIGNATURE Alan D. Hanser, M.D. M.
24. FUNERAL DIRECTOR Jos A. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12530

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown
MARYLAND
LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Turner (Last) Dorsey

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 17 1868
9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months 2 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Duncan M. Turner
14. MOTHER'S MAIDEN NAME: Rose Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Frank Combs Leonardtown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) CA of Lung — Interval Between Onset And Death: 4 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Metastasis of Ca of Breast — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/53, 19..... to 12/7/53 19....., that I last saw the deceased alive on 12/7/53 19....., and that death occurred at 7.30 P. M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Bagby MD
ADDRESS Leonardtown
DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 10-53
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12/9/53
REGISTRAR'S SIGNATURE Wm D Bagby M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12531

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Clements Shores
STREET ADDRESS (If rural give location) R F D # 2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Farrall Sr
4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 1-1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owne
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Henery Farrall
14. MOTHER'S MAIDEN NAME: Alice Jane Morgan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs W Jos Farrall St Clements Shores Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	36 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive C.V. disease	6 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous cerebral hemorrhage — 6 mos

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to Dec 28, 1953 that I last saw the deceased alive on Dec 28, 1953 and that death occurred at 11.25 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Luther, M.D. ADDRESS Mechanicsville DATE SIGNED 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 31-53
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-29-53
REGISTRAR'S SIGNATURE Alan D. Houser M.D.
24. FUNERAL DIRECTOR Jos A. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 31 1953
BUREAU V. S.

Film #G160 Item # 3 1/11/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12532

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
   COUNTY St Mary's — MARYLAND
   CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown X
   LENGTH OF STAY (in this place) 6 weeks
   HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland, COUNTY St Mary's
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills X
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Leo (Last) Gough

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Gough

14. MOTHER'S MAIDEN NAME: Emley Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John Edward Gough Washington D.C.

18. MEDICAL CERTIFICATION 135 Aff 53 4th St S.E.

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442 X Immediate cause	(a) Uremia	24 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension Cardio Vascular Renal Dis	3 years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Dec 25, 1953, that I last saw the deceased alive on Dec 24, 1953 and that death occurred at 1.00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 28-53 — NAME OF CEMETERY OR CREMATORY Our Ladys — LOCATION (City, town, or county) (State) Medley Neck St Mary's Md

DATE REC'D BY LOCAL REGISTRAR 12/28/53 — REGISTRAR'S SIGNATURE Alan D. Hance, M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

RECEIVED
DEC 30 1953
BUREAU V. S.

12533

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville Md
LENGTH OF STAY (in this place) 2 months 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville 15X-2
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) W. (Last) Leishear
4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 15-1875
9. AGE last birthday 78 yrs. If under 1 year Months 3 Days 30 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Richard Bowman
14. MOTHER'S MAIDEN NAME Elizabeth Gue
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute coronary occlusion — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) Loveville (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐ none
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy* none *Inspection* ☑, *Inquiry* ☑ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE John [illegible] (Degree or title) [illegible] ADDRESS Leigh for Park Md DATE SIGNED 12/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 19-53
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) (State) Unity, Md

DATE REC'D BY LOCAL REG. Dec. 16, 1953
REGISTRAR'S SIGNATURE Jean D'Hauser, D.
FUNERAL DIRECTOR Roy W Barber
ADDRESS Laytonsville

M

T

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12534

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY St Mary's
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Charles (Middle) J. (Last) Medley
4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Feb 4, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 10 Days 5 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Richard Medley
14. MOTHER'S MAIDEN NAME: Rosie Bauns
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Ida Bristol 2222 Flagler Place N.W. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Thrombosis	Today.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension	6 years
	(c) DUE TO Arteriosclerosis	10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Dec 9, 1953 that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 7 AM, from the causes and on the date stated above.
SIGNATURE Jos H Patrick (Degree or title) M.D. ADDRESS Lexington Park Md DATE SIGNED 12-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec-12-1953 NAME OF CEMETERY OR CREMATORY Mt Zion LOCATION (City, town, or county) St Inigoes (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-11-53 REGISTRAR'S SIGNATURE Alan D. Hanson, M.D. 24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12535

CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) David (Middle) Cecil (Last) Nolen
4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: May 1-1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis Nolen
14. MOTHER'S MAIDEN NAME: Lucile Barber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Louis Nolen Callaway Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X
Immediate cause (a) Lobar pneumonia — Interval Between Onset And Death: 12 hours
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 12.30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) P.J. Beane, M.D. — ADDRESS Great Mills Md — DATE SIGNED 12-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 2-53 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) Great Mills — (State) Md
DATE REC'D BY LOCAL REGISTRAR 12-1-1953 — REGISTRAR'S SIGNATURE P.J. Beane, M.D. Local Registrar — 24. FUNERAL DIRECTOR Jos C Mattingley — ADDRESS Leonardtown Md

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12536

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clements
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Violet (Last) Rakey

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 25 1932
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months — Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Ella Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Walter Rakey Clements, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0

Immediate cause (a) 3° burns (70% area) — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Clements (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 12 (Day) 1 (Year) 53 (Hour) 9 A. m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? Poured Kerosene on a coal fire

22. I hereby certify that I attended the deceased from 12/1, 1953, to 12/2, 1953, that I last saw the deceased alive on 12/2, 1953, and that death occurred at 9.40 A.M. from the causes and on the date stated above.

SIGNATURE Lieber, Sam M.D. (Degree or title) ADDRESS Leighton Park. Md DATE SIGNED 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 3-53
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12/2/53
REGISTRAR'S SIGNATURE Adam D. Hauser D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1953
BUREAU V. S.

12537

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wynne; MARYLAND; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park; STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Edward	Franklin	Scheible		12	12	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	3/23/1927	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet metal worker	Civil Service	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Scheible	Viola F. Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	---- -	--	Andrew Scheible - Wynne, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8

Immediate cause (a) Asphyxia due to drowning — Interval between onset and death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Wynne, Md (CITY OR TOWN) Wynne (COUNTY) St. Marys (STATE) Md

TIME OF INJURY (Month) 12 (Day) 12 (Year) 53 (Hour) 9:55 A m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY occur? Fell from pier into Potomac River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Md Lexington Park, Md 12/12/53

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 53: 12 / 15 / 53 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Alexandria, Virginia

DATE REC'D BY LOCAL REGISTRAR: 12/14/53 — REGISTRAR'S SIGNATURE: Alan C. Hamer, M. D.

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12538

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Valley Lee | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mc Kay (Middle) Jeanette Springer (Last)

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Sept 29-1875 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months 2 Days 30 | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin L Combes | 14. MOTHER'S MAIDEN NAME: Sarah Trenhaden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Tom Sprager Valley Lee Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) —

DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonian disease — 2 years

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Dec 28, 1953, that I last saw the deceased alive on Dec 28 1953, and that death occurred at 4.00 PM from the causes and on the date stated above.

SIGNATURE R J Bean (Degree or title) MD | ADDRESS Great Mills Md | DATE SIGNED Dec 29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 31/53 | NAME OF CEMETERY OR CREMATORY St Georges | LOCATION (City, town, or county) Valley Lee St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 29/53 | REGISTRAR'S SIGNATURE R J Bean MD | 24. FUNERAL DIRECTOR Jos C. Mattingley | ADDRESS Leonardtown Md

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12539

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY St Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Leonardstown — LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville 087-2

STREET ADDRESS (If rural give location): R.F.D. 2

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Ostie (Last) Swann

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 23, 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marcello Swann

14. MOTHER'S MAIDEN NAME: Eleanor Mary Criesman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Benjamen Swann Mechanicsville Md R.F.D. 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0

Immediate cause (a) Acute arterial occlusion, — 4 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arteriosclerotic vascular disease — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Nov, 1953, to 4 Dec, 1953, that I last saw the deceased alive on 4 Dec, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E. Gill, M.D. — ADDRESS: Leonardtown, Md — DATE SIGNED: 12/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-7-53 — NAME OF CEMETERY OR CREMATORY: Trinity — LOCATION (City, town, or county) (State): Newport Md.

DATE REC'D BY LOCAL REGISTRAR: 12-7-53 — REGISTRAR'S SIGNATURE: Helen D. Lancaster D.

24. FUNERAL DIRECTOR — ADDRESS: Jos C. Mattingley Leonardtown Md

RECEIVED
DEC 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12540

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY St Mary's MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chaptico

LENGTH OF STAY (in this place) 19 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St Mary's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chaptico

STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Henery (Last) Thompson

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan 25, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 11 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tented Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bruce Thompson

14. MOTHER'S MAIDEN NAME: Ella Pilkerton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joseph Thompson, Chaptico

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between Onset And Death: 20 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Angina pectoris — 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1951, to Dec 25, 1953, that I last saw the deceased alive on Dec 25, 1953, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Boyd MD — ADDRESS Leonardtown — DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 28-53 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) (State) Morganza St Mary's Md

DATE REC'D BY LOCAL REGISTRAR 12/29/53 — REGISTRAR'S SIGNATURE Alan D. Hauser mb.

24. FUNERAL DIRECTOR Joe A. Mattingley — ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12541

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: St Mary's | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown | LENGTH OF STAY (in this place): 2 day's
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland | COUNTY: St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) V. (Last) Ward

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	Nov. 18, 1879	74 yrs.	1	2		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	New York 29	U. S. A.

13. FATHER'S NAME: John Fitzgerald

14. MOTHER'S MAIDEN NAME: Mary Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—		Victor Orsini Leonardtown, Md. Rural

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

490X

Immediate cause (a) Lobar pneumonia — 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of breast with metastasis to thoracic vertebrae — 18 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1940	Carcinoma of right breast.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. J. Bean,	M.D.	Great Mills Md.	12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 23 53	St Raymond	Bronx New York

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-21-53	P. J. Bean, M.D. Local Registrar	Jos C. Mattingley	Leonardtown Md

VS. A15

RECEIVED
DEC 28 1953
BUREAU V. S.